

Name:				Medicaid No:				Safety Supports Checklist							
Outcome(s) addressed															
Day/Month/Year →															
Safety Support Activities (See the PC ISP Part V: Plan for Supports for support instructions.)		Initials	hours	Initials	hours	Initials	hours	Initials	hours	Initials	hours	Initials	hours	Initials	hours
Total hours →															
DSP/Supporters Printed Name		Initials		Date		A signature page must be kept on site or in each record to correspond with all initials provided.									
Support Log (In addition to a weekly summary of all safety supports, note any unusual circumstances and related support.)															